

Exhibit B

**Voter Data Request Form**

Please select one of the following:

☐ Electronic File ☐ Printed List ☐ Mailing Labels**VOTER INFORMATION AUTHORIZATION****NOTE:** Minimum charge for any request is \$15.00**Please indicate the purpose of this request:**☐ Governmental Use☐ Campaign Use☐ Election Related☐ Research☐ Other _____**Please indicate the type of file that you are requesting:**☐ Statewide☐ District _____☐ County(s) _____☐ Other: _____**Please indicate all information that you are requesting:****NOTE:** All files come with registrant name, address (both physical and mailing), year of birth, party affiliation, precinct assignment, jurisdiction and registrant ID number. Any additional fields must be indicated below.☐ Districts

(all districts associated with a voter)

☐ Voting History

(elections a voter has participated in)

☐ Method Voted

(i.e. absentee, early or Election Day)

☐ Other*: _____

*If you request information that is not available in the voter system you will be notified before request is fulfilled.

Information of Requestor

Name: _____ Organization: _____

Address: _____ Phone: (____) _____ - _____

Email Address: _____ Date: ____/____/____

Authorization

Unlawful use of the information requested on this form shall consist of willful selling, loaning, providing access to or otherwise surrendering, duplicating or alteration of information as stated in the Voter Records System Act (§1-5-1 through 1-5-31 NMSA 1978).

I hereby swear that the requestor will not use or make available to others to use the requested material for purposes other than governmental, election, research and campaign purposes under penalty of law.

Signature of Requestor**For Office Use Only**

Total Cost: \$ _____ Date Received: ____/____/____ Date Completed: ____/____/____

Comments: _____ Receipt Number: _____